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36671

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAY 17 1944

Registration District No. _____ Primary Registration District No. **1000**

1. PLACE OF DEATH:
(a) County **Buchanan**
(b) City or town **St. Joseph**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
646½ North 9th. Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Not**
In this community **54 years 6 months 17 days** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Buchanan**
(c) City or town **St. Joseph**
(If outside city or town limits, write "RURAL")
(d) Street No. **646½ North 9th. Street**
(If rural, give location)
(e) Citizen of foreign country? **7** (Yes or No)
If yes, name country **No**

3. (a) PRINT FULL NAME **Adah Palmer Kerlin**
3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widow**
6. (b) Name of husband or wife **Jesse P. Kerlin** 6. (c) Age of husband or wife if alive **years**
7. Birth date of deceased **September 19 1889**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	54	6	17	hr. min.

9. Birthplace **Buchanan County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Home**

11. Industry or business _____

MOTHER FATHER
12. Name **J. R. Palmer**
13. Birthplace **LuRay Virginia**
(City, town, or county) (State or foreign country)
14. Maiden name **Margaret Curtis**
15. Birthplace **Buchanan County Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Lucy Palmer**
(b) Address **646½ N. 9th. St. St. Joseph, Mo.**

17. (a) **Burial** (b) Date thereof **4/8/1944**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Union Cemetery**

18. (a) Signature of funeral director **Clatter Meierhoffer**
(b) Address **302 Jarman, St. Joseph, Mo.**
19. (a) **4/8/44** (b) **Alie Helzog**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **6th.**
year **1944** hour **5** minute **15 P.M.**
21. I hereby certify that I attended the deceased from **Jan 1**, 19**44** to **Apr 6**, 19**44**
that I last saw him or her alive on **Mar 31**, 19**44**
and that death occurred on the date and hour stated above.
Immediate cause of death **Cerebral Thrombosis**
Duration **4 yrs**
Due to _____
Due to _____
Other conditions **83 f**
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **Dr. D. J. Johnson** (M. D. or other) **mo**
Address **St. Joseph, Mo** Date signed **4-7-44**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Albert C. Harrington

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

MAY 19 1944